

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:
03-14

2. STATE
Alaska

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE
October 1, 2003

5. TYPE OF PLAN MATERIAL (*Check One*):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION:
1926 of the Act; 42 USC 1396r-7

7. FEDERAL BUDGET IMPACT:
a. FFY 04 \$ 0
b. FFY 05 \$ 0

Please see Box 10, below

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
None.

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*):
Attachment 4.19-B, Pages I-VIII

10. SUBJECT OF AMENDMENT:

Removal of Pediatric and Obstetric Medicaid Payment Rates from Section 4.19-B. The requirement for these pages to be included in the Plan was repealed effective October 1, 1997.

11. GOVERNOR'S REVIEW (*Check One*):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

Bob Labbe

13. TYPED NAME:

Bob Labbe

14. TITLE:

Deputy Commissioner/Medicaid Director

15. DATE SUBMITTED:

16. RETURN TO:

Alaska Department of Health and Social Services
Office of the Commissioner
P.O. Box 110601
Juneau, Alaska 99811-0601

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: **DEC 30 2003**

18. DATE APPROVED: ~~JAN 23 2003~~ **JAN 23 2004**

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
OCT - 1 2003

20. SIGNATURE OF REGIONAL OFFICIAL:

[Signature]

21. TYPED NAME:

Karen S O'Connor

22. TITLE:

**Associate Regional Administrator
Division of Medicaid &
Children's Health**

23. REMARKS:

**Maximum Medicaid Payment Rates for
Listed Pediatric and Obstetric Practitioner Services
Calendar Year 1996**

PROCEDURE CODE	PROCEDURE DESCRIPTION	STATE max/avg	SMSA max/avg	OTHER max/avg
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OFFICE/OUTPATIENT MEDICAL SERVICES

New Patient

99201	Office Services-problem focused	60/53	60/53	60/52
99202	expanded problem focused	80/63	70/62	80/69
99203	low complexity	125/77	90/73	125/89
99204	moderate complexity	144/114	144/112	144/124
90205	high complexity	197/158	197/165	197/111

Established Patient

99211	Office Services-minimal	35/23	29/23	35/24
99212	problem focused	50/38	50/40	43/36
99213	expanded problem/low complexity	76/47	76/45	76/57
99214	moderate complexity	108/67	80/66	108/73
99215	high complexity	140/101	120/99	140/107

OFFICE OR OTHER OUTPATIENT CONSULTATIONS

New or Established Patient

99241	Physicians typically spend 15 minutes	138	104	138
99242	Physicians typically spend 30 minutes	150	104	150
99243	Physicians typically spend 40 minutes	193	165	193
99244	Physicians typically spend 60 minutes	272	200	272
99245	Physicians typically spend 80 minutes	378	200	378

CONFIRMATORY CONSULTATIONS

New or Established Patient

99271	Presenting problems are self limited or minor	100	100	100
99272	Presenting problems are of low severity	102	102	102
99273	Presenting problems are of moderate severity	90	90	90
99274	Presenting problems are of moderate to high sev.	179	179	179
99275	Presenting problems are of moderate to high sev.	150	150	150

HOME SERVICES

New Patient

99341	Presenting problems are of low severity	80	80	80
99342	Presenting problems are of moderate severity	100	100	100
99343	Presenting problems are of high severity	129	129	129

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Supersedes 96-001

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**Maximum Medicaid Payment Rates for
Listed Pediatric and Obstetric Practitioner Services
Calendar Year 1996**

PROCEDURE CODE	PROCEDURE DESCRIPTION	STATE max/avg	SMSA max/avg	OTHER max/avg
<i>Established Patient</i>				
99351	Patient is stable, recovering or improving	40	40	40
99352	Patient responding inadequately to therapy	74	74	74
99353	Patient unstable or developed complication	110	110	110
PROLONGED SERVICES				
99354	Prolonged physician service; first hour	115	115	115
99355	each additional 30 minutes	52	52	52
99358	Prolonged evaluation; first hour	NA	NA	NA
99359	each additional 30 minutes	NA	NA	NA
PREVENTIVE MEDICINE				
<i>New Patient</i>				
99381	Initial history/exam, infant (age under 1)	70/61	65/60	70/65
99382	early childhood (age 1-4)	87/62	70/61	87/78
99383	late childhood (age 5-11)	110/60	74/59	110/73
99384	adolescent (age 12-17)	85/60	81/59	85/73
<i>Established Patient</i>				
99391	Periodic reevaluation, infant (age under 1)	65/39	52/43	65/34
99392	early childhood (age 1-4)	71/30	52/41	71/22
99393	late childhood (age 5-11)	87/31	59/42	87/22
99394	adolescent (age 12-17)	88/34	67/46	88/24
COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION				
<i>Preventive Medicine, Individual Counseling</i>				
99401	Counseling to healthy individual; 15 minutes	NA	NA	NA
99402	30 minutes	NA	NA	NA
99403	45 minutes	NA	NA	NA
99404	60 minutes	NA	NA	NA
<i>Preventive Medicine, Group Counseling</i>				
99411	Counseling in a group setting; 30 minutes	NA	NA	NA
99412	60 minutes	NA	NA	NA
<i>Other preventive medicine services</i>				
99420	Admin & Inter of health risk assessment inst.	NA	NA	NA
99429	Unlisted preventive medicine service	NA	NA	NA
NEWBORN CARE				
99432	Newborn care other than hospital setting	80	80	80

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**Maximum Medicaid Payment Rates for
Listed Pediatric and Obstetric Practitioner Services (cont.)
Calendar Year 1996**

PROCEDURE CODE	PROCEDURE DESCRIPTION	STATE max/avg	SMSA max/avg	OTHER max/avg
IMMUNIZATION INJECTIONS				
90700	Immunization, active; DTaP	NA	NA	NA
90701	Immunization (DPT)	10/6	7/6	10/8
90702	diphtheria and tetanus toxoids (DT)	20	12	20
90703	tetanus toxoid	10	10	10
90704	mumps virus vaccine, live	NA	NA	NA
90705	measles	19	15	19
90706	rubella	NA	NA	NA
90707	measles, mumps, and rubella	34/6	7/5	34/10
90708	measles and rubella	NA	NA	NA
90709	rubella and mumps	NA	NA	NA
90710	measles, mumps, rubella & varicella vac.	NA	NA	NA
90711	DPT and inj. poliomyelitis vaccine	NA	NA	NA
90712	poliovirus, oral	16/4	5/4	16/6
90713	poliomyelitis vaccine	10	10	10
90714	typhoid vaccine	NA	NA	NA
90716	varicella vaccine	47	47	47
90717	yellow fever vaccine	NA	NA	NA
90719	diphtheria toxoid	7	7	7
90720	DPT & HIB	NA	NA	NA
90721	DTaP & HIB	NA	NA	NA
90724	influenza virus vaccine	22	18	22
90725	cholera vaccine	16	16	16
90726	rabies vaccine	NA	NA	NA
90727	plague vaccine	NA	NA	NA
90728	BGC vaccine	NA	NA	NA
90730	hepatitis A vaccine	NA	NA	NA
90732	pneumococcal vaccine, polyvalent	21	15	21
90733	meingococcal polysaccharide vaccine	NA	NA	NA
90737	Hemophilus influenza B	25/8	10/6	25/11
90741	Immunization, passive; immune serum globulin	42	42	10
90742	specific hyperimmune serum globulin	50	50	50
90744	Immunization, active Hep B. newborn to 11 years	NA/6	NA/6	NA/10
90745	11 to 19 years	NA/22	NA/24	NA/19
90749	Unlisted immunization procedure	25	25	25

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Calendar Year 1996**

PROCEDURE CODE	PROCEDURE DESCRIPTION	STATE max/avg	SMSA max/avg	OTHER max/avg
MATERNITY CARE AND DELIVERY				
<i>Incision</i>				
59000	Amniocentesis, any method	220	220	175
59012	Cordocentesis (intrauterine), any method	NA	NA	NA
59015	Chorionic villus sampling, any method	NA	NA	NA
59020	Fetal contraction stress test	200	200	200
59025	Fetal non-stress test	77	65	77
59030	Fetal scalp blood sampling	98	98	98
59050	Internal fetal monitoring	130	130	50
59051	interpretation only	NA	NA	NA
59100	Hysterotomy, abdominal	1377	1377	1377
<i>Excision</i>				
59120	Surgical treatment of ectopic pregnancy	2324	1784	2324
59121	tubal or ovarian, without	1960	1400	1960
59130	abdominal pregnancy	1329	1329	1329
59135	interstitial, uterine pregnancy-total hyster.	1794	1794	1794
59136	interstitial, uterine preg. w/part. resection	1440	1440	1440
59140	cervical, with evacuation	1329	1329	1329
59150	Laparoscopic treatment of ectopic pregnancy	892	892	892
59151	with salpingectomy	1232	1232	1232
59160	Curettage, postpartum (separate procedure)	700	550	700
<i>Introduction</i>				
59200	Insertion of cervical dilator	40	40	40
<i>Repair</i>				
59300	Episiotomy by other physician	75	75	75
59320	Cerclage or cervix, during pregnancy; vaginal	NA	NA	NA
59325	abdominal	541	541	541
59350	Hysterorrhaphy of ruptured uterus	1377	1377	1377
<i>Delivery, Antepartum and Postpartum care</i>				
59400	Total obstetric care (if <u>TPL</u> exists)	1394/NA	1394/NA	1394/NA
59409	Vaginal delivery only	1267/967	890/895	1267/1140
59410	Vaginal delivery	1327/1001	950/948	1327/1144
59412	External cephalic	300/262	300/263	245/258
59414	Delivery of placenta	227/226	227/227	227/224
59425	Antepartum care only; 4-6 visits	NA/59	NA/58	NA/65
59426	7 or more visits	NA/59	NA/59	NA/70
59430	Postpartum care	66/62	60/63	66/61

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**Maximum Medicaid Payment Rates for
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Calendar Year 1996**

PROCEDURE CODE	PROCEDURE DESCRIPTION	STATE max/avg	SMSA max/avg	OTHER max/avg
<i>Cesarean Delivery</i>				
59510	Total obstetric w/cesarean (if <u>TPL</u> exists)	NA	NA	NA
59514	Cesarian delivery only	2144/1071	1540/1029	2144/1177
59515	Cesarian, including postpartum care	2210/1113	1600/1002	2210/1364
59525	Subtotal or total hyst. after cesarian delivery	1980/NA	1980/NA	1980/NA
<i>Abortion</i>				
59812	Incomplete abortion	700	700	700
59820	Missed abortion; first trimester	550	550	540
59821	Missed abortion; second trimester	459	459	459
59830	Treatment of septic abortion	410	410	410
59840	Induced abortion, by dilation and curettage	450	375	450
59841	Induced abortion, by dilation and evacuation	850	850	850
59850	Induced abortion, by one or more intraamniotic inj.	150	150	150
59851	w/dilation & curettage and/or evacuation	807	807	807
59852	w/hysterotomy(failed intra-amniotic injection)	1377	1377	1377
59855	Induced abortion w vaginal suppositories	NA	NA	NA
59856	w dilation and curettage	NA	NA	NA
59857	w hysterotomy	NA	NA	NA
<i>Other Procedures</i>				
59870	Uterine evac & curettage for hydatidiform mole	NA	NA	NA
59899	Unlisted, maternity care and delivery	NA	NA	NA

NA = Has not been billed; if billed, payment will be at 100%

Usual, customary, and prevailing methodology is used to determine rates for the pediatric and obstetric practitioner services. Maximum rates have not changed, except to the extent necessary to correspond to new CPT-4 codes. Changes to average rates are nominal. Reprofileing has not been done since January 1, 1991 due to budget constraints. An RBRVS type methodology rate will be in place as of February 1, 1997.

The only Standard Metropolitan Statistical Area (SMSA) in Alaska is the greater Anchorage area (from Eklutna to Girdwood, including Chugiak and Eagle River). "Other" is the remainder of the state.

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**Access to Pediatric and Obstetric Practitioner Services
Calendar Year 1996**

The following table illustrates that at least 50 percent of obstetrical and pediatric care providers practicing in Alaska are enrolled Medicaid participants:

	In-State Providers in Private Practice (1996)	Providers Enrolled in Medicaid (1996)	Percentage of Private Practice Providers Enrolled
OBSTETRICAL SERVICES			
Physician (OB/GYN)	47	47	100 %
Physician (Family/General)	141	129	91 %
Nurse Midwife	15	15	100 %
Nurse Practitioner (Family Health)*	54	54	100 %
Total	257	245	95 %
PEDIATRIC SERVICES			
Pediatrician	45	37	82 %
Physician (Family/General)	141	129	91 %
Nurse Practitioner (Family Health)*	54	54	100 %
Total	240	220	92 %

*State regulations authorize Medicaid enrollment only for Advanced Nurse Practitioners with the specialty of Family Health and Nurse Midwife.

Figures on pages VI, VII and VIII reflect unduplicated number of providers available at any given time during the year.

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Access to Obstetric Services by Geographical Area

The following table illustrates the number of obstetrical care providers practicing in Alaska by geographical region and what percentage of those providers are Medicaid participants:

	All Obstetric Service Provider Types		
	In-State Providers in Private Practice (PP) (1996)	In-State PP Providers Enrolled in Medicaid (1996)	Percentage of In-State PP Providers Enrolled
OBSTETRICAL SERVICES			
Ketchikan Gateway Borough	2	2	100%
City/Borough of Sitka	3	3	100%
City/Borough of Juneau	17	16	94%
Haines	2	2	100%
North Slope	0	0	100%
Northwest Arctic	0	0	100%
Fairbanks North Star Borough	23	21	91%
Denali	0	0	100%
Matanuska-Susitna	23	21	91%
Kenai Peninsula	23	23	100%
Bristol Bay	0	0	100%
Lake and Peninsula	0	0	100%
Kodiak Island	5	5	100%
Aleutians East	3	3	100%
Municipality of Anchorage	125	122	98%
Non-borough	31	27	87%
TOTAL	257	245	95%

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Access to Pediatric Services by Geographical Areas

The following table illustrates the number of pediatric care providers practicing in Alaska by geographical region and what percentage of those providers are Medicaid participants:

	All Pediatric Service Provider Types		
	In-State Providers in Private Practice (PP) (1996)	In-State PP Providers Enrolled in Medicaid (1996)	Percentage of In-State PP Providers Enrolled
PEDIATRIC SERVICES			
Ketchikan Gateway Borough	4	4	100%
City/Borough of Sitka	3	3	100%
City/Borough of Juneau	18	16	89%
Haines	2	2	100%
North Slope	0	0	100%
Northwest Arctic	0	0	100%
Fairbanks North Star Borough	25	20	80%
Denali	0	0	100%
Matanuska-Susitna	18	16	89%
Kenai Peninsula	21	21	100%
Bristol Bay	0	0	100%
Lake and Peninsula	0	0	100%
Kodiak Island	5	5	100%
Aleutians East	3	3	100%
Municipality of Anchorage	113	103	91%
Non-borough	28	27	96%
TOTAL	240	220	92%

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